# COASTWIDE NUTRIA CONTROL PROGRAM APPLICATION PACKET AND INSTRUCTION SHEET

This packet contains material that must be filled out and returned in order for the applicant to participate in the Coastwide Nutria Control Program. This sheet includes instructions for the following two pages: **Coastwide Nutria Control Program Participant Application Form (must be returned), form W-9 (must be returned).** Both forms must be filled out and returned with **complete** property description and **appropriate map** by October 1<sup>st</sup> for the participant to be registered by the opening of trapping season. All applications returned after October 1<sup>st</sup> will be processed as quickly as possible.

## Coastwide Nutria Control Program Participant Application Form

The following information must be provided on the Coastwide Nutria Control Program Participant Application Form:

- 1. Personal Information
  - SSN- social security number
  - TRAPPING LICENSE NUMBER- valid Louisiana trapping license
  - Name, address, driver's license number and phone number
- 2. Sign and Date Application
- 3. Previous season questions
  - These questions are for participants enrolled in the program last year.
  - If a participant was enrolled during the 2004/2005 season and has no additional properties or changes to the existing properties enrolled, then only the <a href="#">COASTWIDE NUTRIA CONTROL PROGRAM PARTICIPANT APPLICATION</a> must be completed.
- 4. Landowner / Land manager's Personal Information
  - Company name
  - Landowner / Land manager's name, address, and phone number
- 5. Landowner / Land manager's Signature
  - Must be signed by Landowner / Land manager
- 6. Description of Area to Be Trapped / Hunted
  - Parish to be trapped / hunted
  - Total acres to be trapped / hunted on the above landowner / land manager's property
  - Township, range, and section (found on tax receipt or trapping lease)
  - A copy of a <u>complete</u> tax receipt or trapping lease must be returned with the application, <u>along</u> with a map outlining each property to be trapped / hunted, in order to register for the Coastwide Nutria Control Program.
- 7. For a different property with a different landowner / land manger, applicant must fill out another application. For different property with the same landowner / land manager, attach separate tax receipt or trapping lease along with the map outlining each property.

# **Designated Assistant Form**

- 1. Complete form to allow people other than the applicant to bring tails to the collection center.
- 2. Complete form to allow people other than the applicant to collect tails from the participant's registered property.

#### Form W-9

- 1. A complete W-9 is required by federal law in order for the applicant to be paid for the nutria tails collected.
- 2. Instructions for W-9 are located on the form.
- 3. A complete W-9 must be returned with application in order to register for the Coastwide Nutria Control Program.

Please return completed applications and Form W-9 to:

LDWF, Attn: Justin Baker, 2415 Darnall Rd., New Iberia, LA 70560

Please make sure that the W-9 Form and Coastwide Nutria Control Program Application Form are filled out completely. Failure to do so may prevent applicant from receiving a Nutria Control Program Registration Number and participating in the program.

# **COASTWIDE NUTRIA CONTROL PROGRAM**

PARTICIPANT APPLICATION FORM (2005-2006)

SSN:	TRAF	PING LICENSE	NUMBE	ER:			
NAME:		_ ADDRESS:					
CITY:	STATE:	ZIP:		P	HONE:		
BIRTH DATE:/_	_/DRIVER'S	LICENSE NO:				STA	ATE:
SIGNATURE OF APPLICA	ANT				DATE		
Did you hunt/trap this prop	erty as a participant las	t year?	YES	NO			
Is the property description f	for this property the san	ne as last year?	YES	NO			
I WIS	SH TO TAKE NUTRIA	ON PROPERTY	OWNI	ED OF	R MANAGEI	D BY:	
COMPANY NAME:							
REPRESENTATIVE NAM	E:		LA	NDOV	VNER or LA	ND MANAO	GER (Circle One)
ADDRESS:		CITY:			STATI	E:	_
ZIP: PHON	TE:						
To be completed by Lando	wner/Manager ONLY:						
		<b>Signature of I</b> If Trapping Le			U		
WITH THIS APPLICATION YOU LEASE. EITHER OF THESE M MAP OUTLINING THE PRO YOUR APPLICATION TO BINEED TO FILL OUT THIS SEC	UST CONTAIN TOWNSH PERTY TO BE TRAPPED E PROCESSED. IF THE P	PY OF COMPLET IP, RANGE AND S / HUNTED. THIS	E PROPE SECTION SECTION	ERTY T <u>N INFO</u> ON MU	TAX RECEIPT <u>RMATION</u> . Y J <b>ST BE COM</b>	YOU MUST A P <b>LETED IN</b>	ALSO INCLUDE A <b>ORDER FOR</b>
PARISH:	TOTAL ACRES TO I	BE TRAPPED / H	UNTED	)			_
TOWNSHIP:	RANGE:		SECTIO	ONS: _			
TOWNSHIP:							
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### COASTWIDE NUTRIA CONTROL PROGRAM

**DESIGNATED ASSISTANT FORM (2005-2006)** 

As a program requirement for the Coastwide Nutria Control Program, everyone who is harvesting nutria for the incentive payment must carry their registration card at all times when in possession of nutria tails. This could be anyone who is trapping/hunting for a registered participant or anyone who is turning tails in to a collection site for a participant. Anyone trapping/hunting for a registered participant must trap/hunt nutria from the participant's registered property only. Anyone that is listed on this DESIGNATED ASSISTANT FORM will receive a registration card listing the participant who the designated assistant works for.

If a designated assistant will be **HARVESTING NUTRIA** and bringing tails to a collection site please use the spaces below: NOTE: Anyone hunting/trapping nutria must have a trapping license number. Assistant's Trapping License #\_\_\_\_\_ Assistant's Name\_\_\_\_\_ Assistant's Name\_\_\_\_\_ Assistant's Trapping License #\_\_\_\_\_ Assistant's Trapping License #\_\_\_\_\_ Assistant's Name Assistant's Trapping License #\_\_\_\_\_ Assistant's Name\_\_\_\_\_ Assistant's Trapping License #\_\_\_\_ Assistant's Name If a designated assistant will **ONLY** be bringing tails to a collection site please use the spaces below: Note: If the assistant is going to be hunting/trapping they must have a trapping license and use the above section. Assistant's Name\_\_\_\_ Assistant's Driver's License #\_\_\_\_\_ Assistant's Name\_\_\_\_\_ Assistant's Driver's License #\_\_\_\_\_ Assistant's Driver's License #\_\_\_\_\_ Assistant's Name\_\_\_\_\_ Assistant's Driver's License # Assistant's Name

Assistant's Name\_\_\_\_\_

Assistant's Driver's License #\_\_\_\_\_